



DL Financial Responsibility Acceptance Form

Applicant's Name: Full Legal Name on Primary Document

Applicant's Date of Birth Applicant's Driver's License/ID Number

Parent or Guardian Address (include city, state, and zip code) of Applicant

Financial Responsibility Acceptance for Applicants under 18 years of age:

The above-mentioned applicant applied for an Arkansas driver's license. Before an Arkansas driver's license can be issued to any applicant under the age of 18, signature of a parent or legal guardian assuming financial responsibility must be obtained in accordance with Arkansas statute A.C.A. § 27-16-702.

If you have no objection to the issuance of a driver's license to the above-mentioned applicant and are willing to accept financial responsibility for the issuance of an Arkansas driver's license, please sign the following statement and have it notarized:

Before me, the undersigned authority, on this day personally appeared

, being by me duly sworn, states on oath that: (Parent or Legal Guardian PRINTED Name)

- 1. Affiant is an individual of sound mind over the age of 18.
2. Affiant is the parent or legal guardian of the applicant.
3. Affiant accepts financial responsibility for issuance of a driver's license to the applicant.

(Parent or Legal Guardian Signature) Date

SUBSCRIBED AND SWORN to before me this ___ day of ___ 20___ .

My Commission Expires: Notary Public

(SEAL)

Please Note: This form is valid for thirty (30) calendar days from the date of the notary's signature. Failure to present this form to an examiner with the 30-day period will result in the requirement to submit a new form.

BELOW FOR EXAMINER USE ONLY - MUST BE COMPLETED IN THE PRESENCE OF THE EXAMINER

Signature Affidavit (Must be Completed by all Applicants):

My signature below certifies that all information provided on this application is true and correct and that my driving privilege is not suspended or revoked in this State or any other state.

Applicant Signature Date